



Cartersville Work Based Learning & Youth Apprenticeship



Month: _____

Student Name: _____ Work Location: _____

Day	Time In	Time Out	Total Daily Hours: Round to nearest Quarter Hour	Notes: Multiple jobs, absences, etc.
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
<u>Total Hours</u>				
<u>Hourly Wage</u>			\$	
<u>Total Wages</u>			\$	

Supervisor Signature: _____ Print Name: _____

Student Signature: _____ Print Name: _____

Overall Performance Rating:

1. Unsatisfactory____ 2. Below Average____ 3. Average____ 4. Above Average ____ 5. Outstanding ____

Please email sboyer@cartersvilleschools.org with additional comments regarding student performance this month.